

☒ Information Disclosure Statement.

☒ Form PTO-1449

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$690.00	\$690.00
Total Claims:	10	- 20	= 0	x \$18.00	= \$0.00
Independents:	1	- 3	= 0	x \$78.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+ \$260.00	=	\$0.00
				SUBTOTAL:	= \$690.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):				=	\$345.00
				TOTAL FILING FEE:	= \$345.00

☒ A check in the amount of \$345.00 to cover the filing fee is enclosed.

☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

☒ The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By Stephen A. Bent

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